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## BIB DATA SHEET

CONFIRMATION NO. 3740

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/664,247	09/17/2003	427	1795	F118 B		
<b>RULE</b>						
<b>APPLICANTS</b> Diane K. Stewart, Ipswich, MA; J. David Casey JR., West Roxbury, MA; Joan Williams Casey, West Roxbury, MA, Legal Representative; John Beaty, Belmont, MA; Christian R. Musil, Cambridge, MA; Steven Berger, Portland, OR;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/411,699 09/18/2002						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/12/2003						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	MA	2	25	8
Verified and Acknowledged	/BRIGET P NGAMPA/ Examiner's Signature					
<b>ADDRESS</b>						
MICHAEL O. SCHEINBERG P.O. BOX 164140 AUSTIN, TX 78716-4140 UNITED STATES						
<b>TITLE</b>						
Photolithography mask repair						
<b>FILING FEE RECEIVED</b> 1390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		